

VZCZCXRO4999
PP RUEHMA RUEHPA
DE RUEHUJA #0489/01 0731220
ZNR UUUUU ZZH
P 141220Z MAR 07
FM AMEMBASSY ABUJA
TO RUEHC/SECSTATE WASHDC PRIORITY 8854
INFO RUEHZK/ECOWAS COLLECTIVE
RUEHWR/AMEMBASSY WARSAW 0165
RUEHCD/AMCONSUL CIUDAD JUAREZ 0163
RUEHOS/AMCONSUL LAGOS 6324
RUEBAAA/DEPT OF ENERGY WASHINGTON DC
RUEHC/DEPT OF LABOR WASHDC
RHEHNSC/NSC WASHINGTON DC
RUEAIIA/CIA WASHINGTON DC
RUEKDIA/DIA WASHDC
RHMFISS/HQ USEUCOM VAIHINGEN GE
RUFOADA/JAC MOLESWORTH RAF MOLESWORTH UK

UNCLAS SECTION 01 OF 02 ABUJA 000489

SIPDIS

SIPDIS

DEPT FOR DRL, AF/W
DOL FOR SUDHA DALEY
DOE FOR CAROLYN GAY

E.O. 12958: N/A

TAGS: [PGOV](#) [ELAB](#) [SOCI](#) [TBIO](#) [NI](#)

SUBJECT: NIGERIA: DOCTORS' STRIKE HIGHLIGHTS HEALTH SECTOR
DISCONTENT

ABUJA 00000489 001.2 OF 002

11. (SBU) SUMMARY. Doctors at Nigeria's public hospitals initiated a two-day warning strike on March 5 to protest eroding pay and benefits under a newly enacted salary structure. The new structure fixes rates for previously percentage-based allowances and calculates taxes on the gross rather than pre-allowance salary. The doctors have acted alone, through the Nigerian Medical Association, rather than through the Medical and Health Workers' Union of Nigeria (MHWUN) both to bypass legal requirements for a strike and because the union, which represents all health workers, lacks consensus on the doctors' concerns. As a result, the doctors' negotiating position appears weak. The strike, however, shines light on a deeper discontent in the profession. With morale extremely low, inadequate pay and deteriorating facilities, Nigeria is experiencing a shortage of doctors as large numbers leave in search of better jobs. END SUMMARY.

THE STRIKE OVER ERODING BENEFITS

12. (SBU) On March 5, doctors at Nigeria's public hospitals initiated a two-day "warning" strike over eroding pay and benefits under the newly enacted Consolidated Tertiary Institutions Salary Structure (CONTISS). The two-day strike followed a February 27 work-to-rule strike, in which employees follow rules to the letter, thereby slowing down operations. Under CONTISS, on-call and hazard allowances are a fixed amount, as opposed to a percentage of base pay under the old system. In addition, the pool of specialists eligible for supplemental pay as honorary consultants was narrowed considerably. The new structure also changes how taxes are calculated, with allowances and pension fund payments calculated before taxes rather than after, as used to be the case. CONTISS was meant to monetize in-kind benefits, but Nigerian doctors argue that the cookie-cutter approach which lumps their pay and benefits with those of university staff and other non-medical personnel is unacceptable.

13. (SBU) CONTISS was instituted by the National Salary Structure Commission (NSSC), apparently without input from the Ministry of Labor or the Ministry of Health. Deputy Secretary General E.H.(Dayo) Tinuosho of the Medical and

SIPDIS

Health Workers' Union of Nigeria (MHWUN) told Poloff the NSSC did not seek advice from other ministries, nor from the union. The Ministry of Health has set up a Technical Committee to look into the issue. Tinuosho told Poloff that the strikes were initiated by the Nigerian Medical Association (NMA) and not by the MHWUN because the Nigerian Labor Law requires unions to pursue arbitration through the Ministry of Labor before initiating a strike. As an association, the NMA was able to work around this legal requirement. Tinuosho said the MHWUN, while it agreed with some of the doctors' complaints, represented a wider group of health professionals, many of whom resented the allowances and higher wages paid to doctors. The union as a whole has raised concerns with the GON regarding the salary structure, including double payments into the pension fund (withheld by the GON and by the employing hospital), taxation of pension fund payments, and the absence of a formal gratuity policy. (NOTE: Tinuosho later told Poloff that NMA members had failed to show at a March 13 union meeting called to discuss pay structure concerns. END NOTE.)

14. (SBU) COMMENT. While the initiation of the strike by the NMA succeeded in working around the Labor Law restriction, it has also created a weak negotiating position for the doctors.

The NMA is not equipped with a permanent staff nor with labor lawyers proficient in collective bargaining. While sympathetic to the doctors' complaints, Nigerian press has highlighted the negative impact on patients, with some turned away from local hospitals and the overall quality of care clearly impacted. The choice to go it alone without waiting for a consensus among their union compatriots and the growing public concern over the impact of the strikes may further undermine the doctors' position. END COMMENT.

ABUJA 00000489 002.2 OF 002

DEEPER DISCONTENT IN MEDICAL SECTOR

15. (SBU) The strike over the CONTISS system shines a light on deeper problems in the medical profession. Nearly all hospitals in Nigeria are state run and the maximum attainable salary level (for the highest ranking and most senior doctors) is just over 3.5 million Naira (28,000 USD) per year. According to Tinuosho, Nigeria has more than enough medical students (owing largely to the prominent status given to doctors), but the country has a shortage of skilled doctors because large numbers immigrate upon graduation. Tinuosho said the problem is particularly acute in the North, because fewer students attend medical schools and southern doctors are unwilling to relocate because of ethnic and religious prejudices. Rural areas are hit particularly hard.

Nearly all rural medical care is provided by community health practitioners -- primary care practitioners who are meant to act only as a referral point to doctors or more specialized care.

16. (SBU) Tinuosho and MHWUN Secretary General Dr. Marcus Omokhuale shared with Poloff that morale in the Nigerian medical sector is extremely low. Aside from poor pay and deteriorating facilities, both pointed to recent medevacs of prominent political figures as contributing to the poor public perception of Nigerian health care and the declining morale in the sector. They insisted that public health facilities in Nigeria, and especially in Abuja and Lagos, were perfectly capable of dealing with the relatively minor issues for which prominent Nigerians often sought treatment overseas. The issue, they maintained, had become one of prominence and prestige -- if an individual is important, he feels he should travel abroad for health care. The union and

the NMA have both called publicly for an end to the use of government funds to pay for medevac expenses.
FUREY